

## Application for Cambridge Girls Leadership Group

Mail, Email, or fax completed application no later than **September 5, 2014** to  
City Councilor Denise Simmons / Cambridge Girls Leadership Group  
City Hall, 795 Massachusetts Ave, Cambridge MA 02139  
617-349-4287 (fax) / [dsimmons@cambridgema.gov](mailto:dsimmons@cambridgema.gov)

### Applicant Information

Current School\_\_\_\_\_

Name\_\_\_\_\_

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

Address\_\_\_\_\_

\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

Current Grade\_\_\_\_\_ Home Language\_\_\_\_\_

Ethnicity (optional): Asian Black Caucasian Hispanic Native American

### Guardian/ Family Information

Parent/Guardian(s):\_\_\_\_\_

Daytime Phone\_\_\_\_\_

Evening Phone\_\_\_\_\_

Email\_\_\_\_\_

**TO BE COMPLETED BY STUDENT APPLICANT**

In the space below, please state: why you are interested, why you should be selected, and please confirm your commitment to attend all of the Cambridge Girls Leadership Group meetings.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

For more information call Councilor Denise Simmons at 617.349.4277 or email [dsimmons@cambridgema.gov](mailto:dsimmons@cambridgema.gov), or Eva Martin Blythe at [emb@ywcacam.org](mailto:emb@ywcacam.org)

## CAMBRIDGE GIRLS LEADERSHIP GROUP PERMISSION SLIP

I \_\_\_\_\_, hereby give permission for my child \_\_\_\_\_, to participate in the Cambridge Girls Leadership Group. I understand that participation in the Cambridge Girls Leadership Group will include the following activities: monthly meetings in Cambridge City Hall or the Cambridge YWCA during the period of October 2014 through June 2015, guest speakers, mini-lessons in public speaking, advocacy and social skills, coordinated volunteering activities in Cambridge, a visit to Cambridge Rindge & Latin School [CRLS], and a culminating exhibition dinner. I understand that transportation for any outings for this program will either be on foot or via public transportation. I acknowledge and agree that my child may assume the risks associated with participation in the Cambridge Girls Leadership Group, including field trips. I understand that my child will be obliged to abide by the rules of the Cambridge Girls Leadership Group and the codes of conduct in the Cambridge Public Schools *Rights and Responsibilities Handbook* at all times.

I further hereby give permission for my child to leave or return from any outings associated with this program by herself. By granting the permission as stated herein, I am releasing the City of Cambridge, the Cambridge Public Schools, and the Cambridge Girls Leadership Group and their respective officers, directors, agents, employees and/or chaperones, from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out or related to my child leaving or returning from this field trip by herself.

I also understand that the Cambridge Girls Leadership Group reserves the right to cancel the approval for any meetings if a change in circumstances, whether man-made or natural, would warrant cancellation of the meetings in the interest of the safety of the students and staff of the Cambridge Girls Leadership Group, and that the City of Cambridge will not be responsible for any financial obligations incurred as a result of the planning of these meetings or potential field trips, or for any monies that are non-refundable or are otherwise lost due to the subsequent cancellation of the potential field trips.

By entering into this Cambridge Girls Leadership Group Permission Slip and granting the permission as stated herein, I am releasing the City of Cambridge, the Cambridge Public Schools, the Cambridge Girls Leadership Group and their respective officers, directors, agents, employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out or related to my daughter's participation in this activity. I have read this Cambridge Girls Leadership Group Permission Slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Relationship to Student

Address \_\_\_\_\_

Home or Cell Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Email \_\_\_\_\_